



Confidential Reference Report on Applicant for Sessional Instructor Position

Name of applicant: _____
Last
First
Middle (optional)

This form is to be completed by the referee and may be returned (by mail, email or fax) directly to:

Mail: Dr. Debbie Sheppard-Lemoine, Dean Faculty of Nursing University of Windsor 401 Sunset Avenue Windsor, ON N9B 3P4	Email: Dean's Secretary - Ms. Joy Lesperance joyl@uwindsor.ca
---	--

If this completed form is returned to the applicant, then it must be in a sealed envelope with the referee's signature across the flap.

How long have you known the applicant? _____

What is/was your relationship to the applicant? _____

Please rate the applicant as follows:

	Excellent	Good	Satisfactory	Below average	Poor	Unable to judge or N/A
1. Nursing knowledge						
2. Intellectual ability						
3. Demonstrated evidence of teaching or coaching with students or peers						
4. Demonstrated equity/fairness towards colleagues and/or students						
5. Rapport with students/novice nurses						
6. Attitude towards students/novice nurses						
7. Nursing skills competency						
8. Leadership skills						
9. Problem solving skills						
10. Decision making skills						
11. Written communication skills						
12. Verbal communication skills						
13. Conflict resolution skills						
14. Time management skills						
15. Interpersonal relationships						
16. Reliability						
17. Maintains confidentiality						
18. Perseverance						
19. Team player						
20. Independence						
21. Provides constructive feedback/evaluation						
22. Receive constructive feedback/evaluation well						
23. Flexibility/adaptability to new situations/experiences						

In the space below or in a separate letter, please add any comments (if needed) that will assist in providing a complete picture of the applicant's abilities and potential for a nursing sessional instructor position:

--

Please rank the applicant for his/her suitability in a university nursing sessional instructor role:

- Highly recommended Recommended Not recommended

Referee signature:	
Print Name:	
Date (yyyy/mm/dd):	
Company/organization:	
Position title:	
Telephone #:	
Email address:	

Thank you for completing this reference. The Faculty of Nursing may contact you to validate the information you provided.

Re: Collection of Personal Information - The personal information collected on this form is collected under the authority of the University of Windsor Act and is collected in order to consider sessional instructor applicant qualifications in the Faculty of Nursing. If you have any questions about the collection of the personal information on this form, please direct your questions to Amanda Noble Manager, Finance and Administration, Faculty of Nursing, at anoble@uwindsor.ca or 253-3000, x2281.

Rev 000 – November 2, 2020